

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) <div style="font-size: 1.5em; font-family: monospace;">12345678</div>	2 Total pages filed: <div style="font-size: 1.5em; font-family: monospace;">10</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.2em; font-family: monospace;">MR. W JCH</div>		OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-family: monospace; font-size: 0.8em;"> RECEIVED - CSO 17 APR - 6 PM 4:00 </div>	
	NICKNAME LAST SUFFIX <div style="font-size: 1.2em; font-family: monospace;"> WILLIAMS</div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: monospace;"> 600 SIX FLAGS DR. SUITE 500 ARLINGTON, TX. 76011 </div>		Date Received Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; font-family: monospace;"> (817) 640-8535 </div>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.2em; font-family: monospace;">MR. DAN</div>			
		NICKNAME LAST SUFFIX <div style="font-size: 1.2em; font-family: monospace;"> DIPERT</div>		Receipt # Amount \$
				Date Processed
				Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: monospace;"> 1512 KILLIAN DRIVE ARLINGTON, TX. 76013 </div>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; font-family: monospace;"> (817) 557-0988 </div>			
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>			
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em; font-family: monospace;"> 1 / 1 / 17 THROUGH 4 / 3 / 17 </div>			
11 ELECTION	ELECTION DATE ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.5em; font-family: monospace;">5 / 6 / 17</div> </div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>			
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.5em; font-family: monospace;">MAYOR</div>		13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; font-family: monospace;">MAYOR</div>	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ N/A

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,500.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ N/A

4. TOTAL POLITICAL EXPENDITURES

\$ 1,575.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

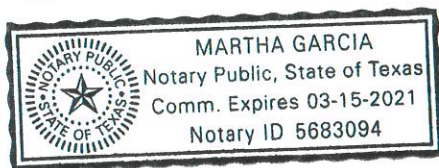
\$ 31,271.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said W. Jeff Williams, this the 16th
day of April, 20 17, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

MARTHA GARCIA

Printed name of officer administering oath

Notary Public

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

MR. W. JEFF WILLIAMS

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

3-26-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

ANN CAULNDRA

6 Contributor address;

City; State; Zip Code

2106 CARMAL, ARL. TX. 76012

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-26-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JAMR MAIBACH

Contributor address;

City; State; Zip Code

6501 BALDWIN ACRES, ARL TX. 76001

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JAMES SPANIOLO

Contributor address;

City; State; Zip Code

4850 OHCH CT., HOLT, MS 48842

Amount of contribution (\$)

\$ 1000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

AMY JO KELLER

Contributor address;

City; State; Zip Code

1512 RIDGEWAY, ARL. TX. 76012

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

6

2 FILER NAME

MR. W. JEFF WILLIAMS

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

3-16-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

TRE PAC/TEXAS ASSOC. OF REALTORS

6 Contributor address; City; State; Zip Code

P.O. BOX 2246 AUSTIN, TX. 78768

7 Amount of contribution (\$)

\$ 3,200.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-9-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BECKY NUSSBAUM

Contributor address; City; State; Zip Code

2301 N. FIELDER ARLINGTON, TX. 76012

Amount of contribution (\$)

\$ 100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-16-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PATRICK SLOTT

Contributor address; City; State; Zip Code

3005 IRON STONE CT. ARLINGTON, TX. 76006

Amount of contribution (\$)

\$ 400.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-18-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GLENN DAY

Contributor address; City; State; Zip Code

2307 WOOD CLIFF CT. ARL, TX. 76012

Amount of contribution (\$)

\$ 100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME MR. W. JEFF WILLIAMS		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 3-23-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN MARTINDALE 6 Contributor address; City; State; Zip Code 2312 CALLENOA RD., ARL., TX. 76017	7 Amount of contribution (\$) \$2500.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-20-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICKIE MARRITT Contributor address; City; State; Zip Code 3004 IRON STONE CT., ARL., TX. 76006	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-26-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK & BLINDA GIST Contributor address; City; State; Zip Code 2100 WOODSIDE DR., ARLINGTON, TX. 76016	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-26-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOMBOT LLC Contributor address; City; State; Zip Code 1503 FRONTIER DR., ARL., TX. 76012	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

MR. W. JEFF WILLIAMS

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

3-26-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

PETER JAMIESON

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

3823 SOUNDER DR., ARL. TX 76001

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-26-17

Full name of contributor

☐ out-of-state PAC (ID#:

DON & KAY TRAMMILL

Amount of contribution (\$)

\$100.

Contributor address; City; State; Zip Code

3624 ANTARES WAY, ARL, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-17

Full name of contributor

☐ out-of-state PAC (ID#:

WILLIAM & JUDY VARIKOST

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-17

Full name of contributor

☐ out-of-state PAC (ID#:

MELVIN & DIANA GILLIAM

Amount of contribution (\$)

\$100.

Contributor address; City; State; Zip Code

6107 SLA ISLAND ARL, TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

MR. W. JEFF WILLIAMS

12345678

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

3-26-17

TIM & MARY JUAN MALONEY

6 Contributor address; City; State; Zip Code

2008 RUMSON DR., ARL, TX. 76006

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

3-23-17

KYLER FIELDS

Contributor address; City; State; Zip Code

3003 RAVENHILL LN., ARL, TX. 76016

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

3-9-17

SUR & JIMMY PHILLIPS

Contributor address; City; State; Zip Code

415 JUYCE ST. ARL, TX. 76010

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

3-26-17

ANDREW PIEL

Contributor address; City; State; Zip Code

2707 PARK RUN ARL, TX. 76016

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME MR. W. JEFF WILLIAMS		3 Filer ID (Ethics Commission Filers) 123456
4 Date 3-26-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGER DRFRANK	7 Amount of contribution (\$) \$ 25.00
6 Contributor address; City; State; Zip Code 2200 SHADY VIEW, ARL. TX 76013		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME MR. W. JEFF WILLIAMS		3 Filer ID (Ethics Commission Filers) 12345678	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,575.00	
5 Date 3-26-17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JIMMY HARAIS	8 Amount of Contribution \$ \$1,125.00	9 In-kind contribution description CHOPPED BEEF LUNCHES FOR KICK-OFF PARTY
7 Contributor address; City; State; Zip Code 2224-H WEST PARK ROW, ARL 76013		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RESTAURANT OWNER		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) SELF EMPLOYED		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3-26-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KRISTINA ANDERSON	Amount of Contribution \$ 450.00	In-kind contribution description ICE CREAM/ DRINKS FOR KICK OFF PARTY
Contributor address; City; State; Zip Code 1201 W. GREEN OAKS, ARL. TX 76016		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) REALTOR		Employer (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			